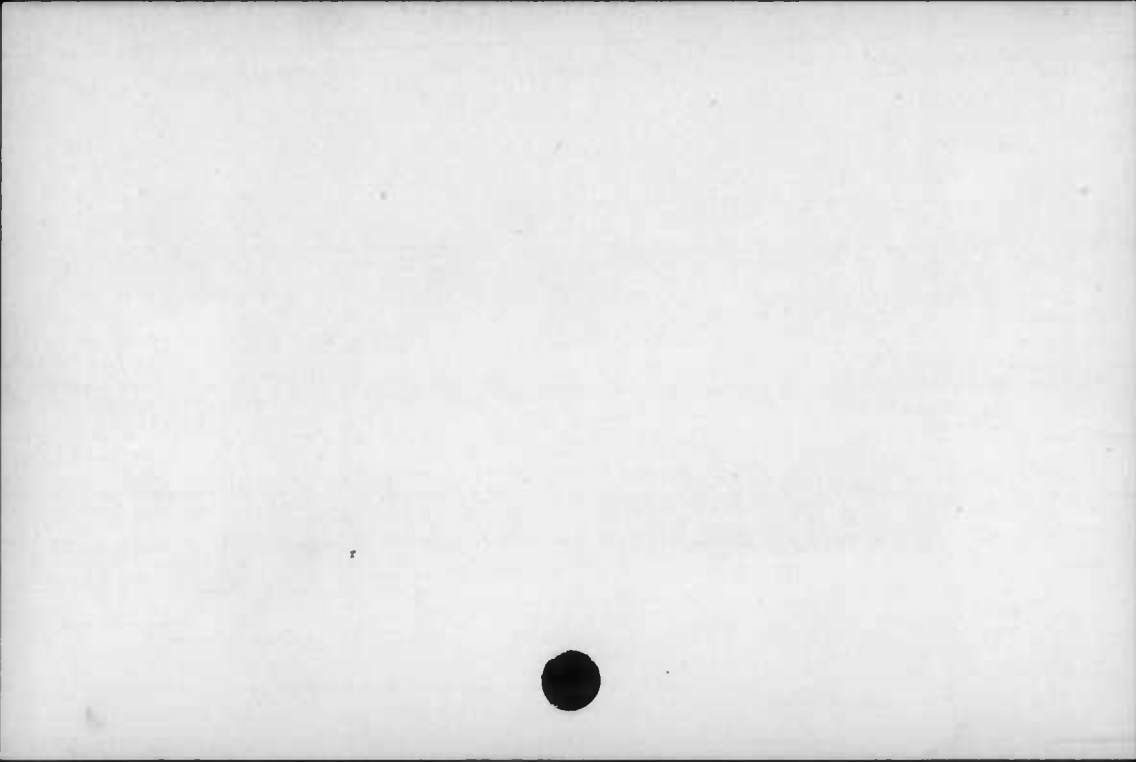


Name In Full		Elizabeth Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Baltimore</u> Town		<u>Calvert</u> County		MARYLAND	
		Date of death <u>19/0</u> Month <u>March</u>		Day <u>15</u> Age <u>50</u> Years		Months Days	
		Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Cal. Geo</u>	
		Occupation <u>House Servant</u>		Where Residing if not at place of death			
		Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband			
Father's Name <u>Lisbon Brown</u>		Father's Birthplace <u>Cal. Geo.</u>					
Mother's Maiden Name <u>Eliza Coste</u>		Mother's Birthplace <u>"</u>					
Name of person giving Information <u>Washington Brown</u>		How related to deceased <u>Brother</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Melancholia</u>		How long <u>2 yrs</u>			
		Immediate <u>Exhaustion</u>		How long			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. W. Leitch</u>			
				Address <u>Queens River Md</u>			
		Accident or Suicide? <u>H</u>					



Name
in
Full

Thomas Curtis

CERTIFICATE OF DEATH

Died at ^{Town} Huntingtown ^{County} Calvert

MARYLAND

Date of death 19/0 ^{Month} Mich ^{Day} 23 ^{Age} ^{Years} ^{Months} ^{Days} 6Sex Male ^{Color or Race} Black ^{Birth-place} Cal. Geo.Occupation None ^{Where Residing if not at place of death}~~Married~~, Single or Widowed

Name of Wife or Husband

Father's Name Joby Curtis

Father's Birthplace Cal. Geo.

Mother's Maiden Name Sarah Kent

Mother's Birthplace " "

Name of person giving information Thomas Kent

How related to deceased Uncle

CAUSES OF DEATH

151

✓

Primary Malnutrition

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. W. Teitch
Huntingtown
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

Ruth A Godsey

Town

Solomons

County

Calvert

MARYLAND

Died at

Date

1910

Month

Mar

Day

12

Age

Years

19

Months

7

Days

19

Sex

Female

Color or
Race

White

Birth
place

Dorchester Co Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Luther Godsey

Father's
Name

Jas W Brooks

Father's
Birthplace

Dorchester Co Md

Mother's
Maiden Name

Ida Philipps

Mother's
Birthplace

Dorchester Co Md

Name of person giving
Information

John W Brooks

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

about 1 year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo F Chambers MD

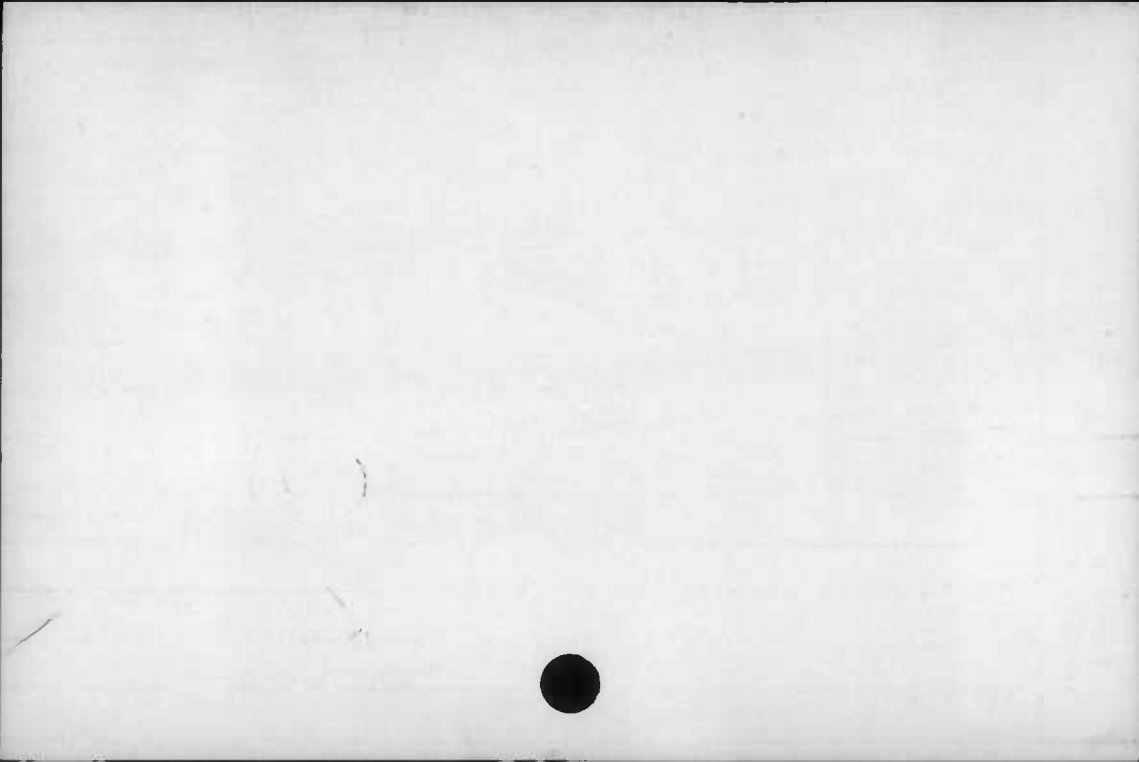
Address

Lisby Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1910</i>	Month <i>March</i>	Day <i>7</i>	Years <i>67</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. Lev.</i>				
Occupation <i>Farm laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <input checked="" type="checkbox"/> <i>Widowed</i>			Name of Wife or Husband				
Father's Name <i>Not known</i>			Father's Birthplace <i>Not known</i>				
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>John Gross</i>			How related to deceased <i>None</i>				

CAUSES OF DEATH

(108)

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	How long <i>10 days</i>
Immediate <i>Peritonitis</i>	How long <i>3 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Leitch</i>
	Address <i>Huntingtown</i>
	<i>md</i>
Accident or Suicide?	



Name
in
Full

Kelso Virginia Hawkins

CERTIFICATE OF DEATH

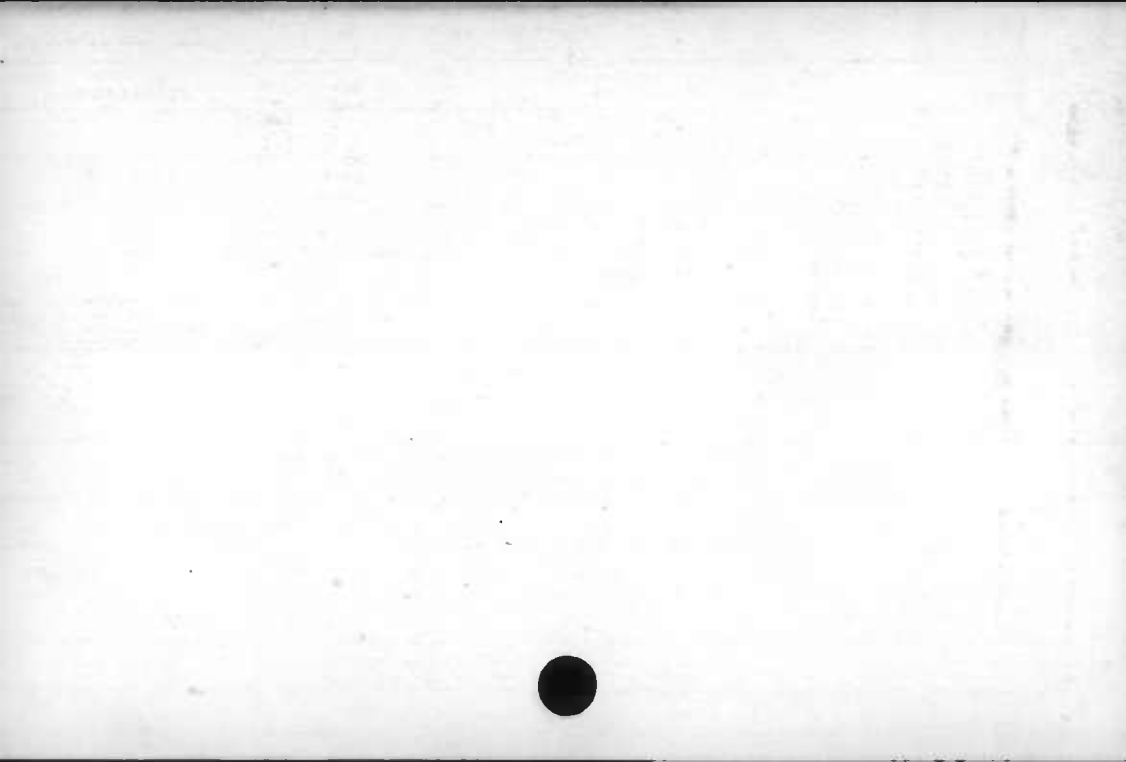
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dunkirk</i>		County <i>Cabot</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>Mar.</i>	Day <i>31</i>	Age	Years <i>5</i>	Months <i>5</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dunkirk, Md.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>George E. Hawkins</i>			Father's Birthplace <i>Cabot Co., Md.</i>		
Mother's Maiden Name <i>Mary J. Watkins</i>			Mother's Birthplace <i>Cabot Co., Md.</i>		
Name of person giving Information <i>George E. Hawkins</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hydrocephalus</i>	How long <i>15-20</i> ✓	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W.D. M. Channy, M.D.</i>	
		Address <i>Channy.</i>	
Accident or Suicide			



Name
in
Full

Leida Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chambersville		County Calvert		MARYLAND	
Date of death	1980	Month Mch	Day 5	Age 44	Years	Months 9	Days
Sex	Female		Color or Race	African		Birth- place	Calvert Co
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Benson Hawkins					Father's Birthplace	Calvert Co
Mother's Maiden Name	Alice Watkins					Mother's Birthplace	" "
Name of person giving Information	Chesley Grey					How related to deceased	Cousin

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	Whole of chest, abdomen and thighs as far as muscles - Burn clothing caught, while playing in yard in which there were some coals. 3 mks 1 day
Immediate	Exhaustion
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	E. H. Hinman
Address	Lower Manebore, Md.
Accident or Suicide	Accident



Name
in
Full

Daniel McComas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Chesapeake Beach		Calvert					
Date of death	1960	Month	March	Day	10 th	Age	33
Sex	Male	Color or Race	White	Birth-place	Unknown	Months	
Occupation	Fireman	Where residing if not at place of death	Chesapeake Beach, Md.				
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	Unknown	Father's Birthplace	Unknown				
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown				
Name of person giving Information	James W. Butler		How related to deceased	None			
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary	Asphyxy	How long	15 minutes
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W. H. Talbot
Accident or Suicida		Address	Chesapeake Beach, Maryland.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

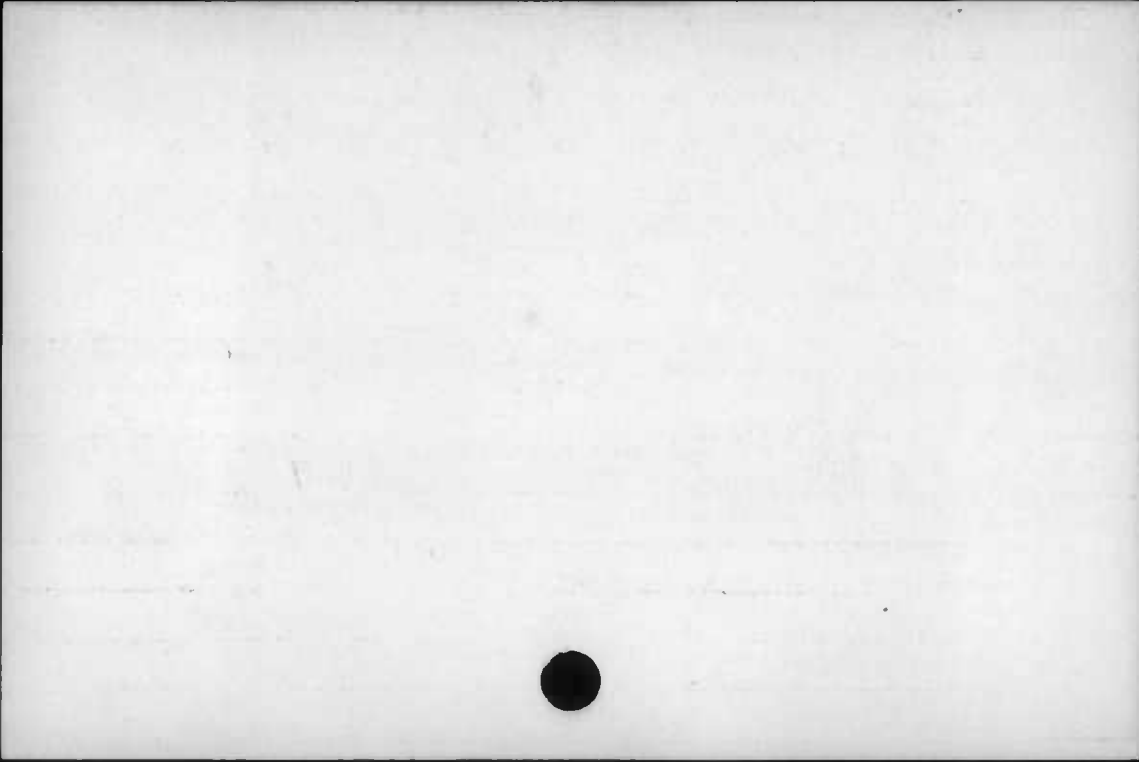
Died at *Lucas delaware* Town *Calvert* CountyDate of death *19* / *6* / *20* Month *March* Day *20* Age *43* Years Months *2* DaysSex *Male* Color or Race *Black* Birth-place *Cal. les.*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *Minnie Garland*Father's Name *Wesley Ray* Father's Birthplace *Cal. les.*Mother's Maiden Name *Emily Ray* Mother's Birthplace *" "*Name of person giving Information *Wesley Ray* How related to deceased *Father*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONERPrimary *Pneumonia* How long *7 days*Immediate *Apoplexy* How long *1 "*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. W. Leitch*Address *Huntingtown Md*

Accident or Suicide?



Name
in
Full

Ella Smith Sanders

CERTIFICATE OF DEATH

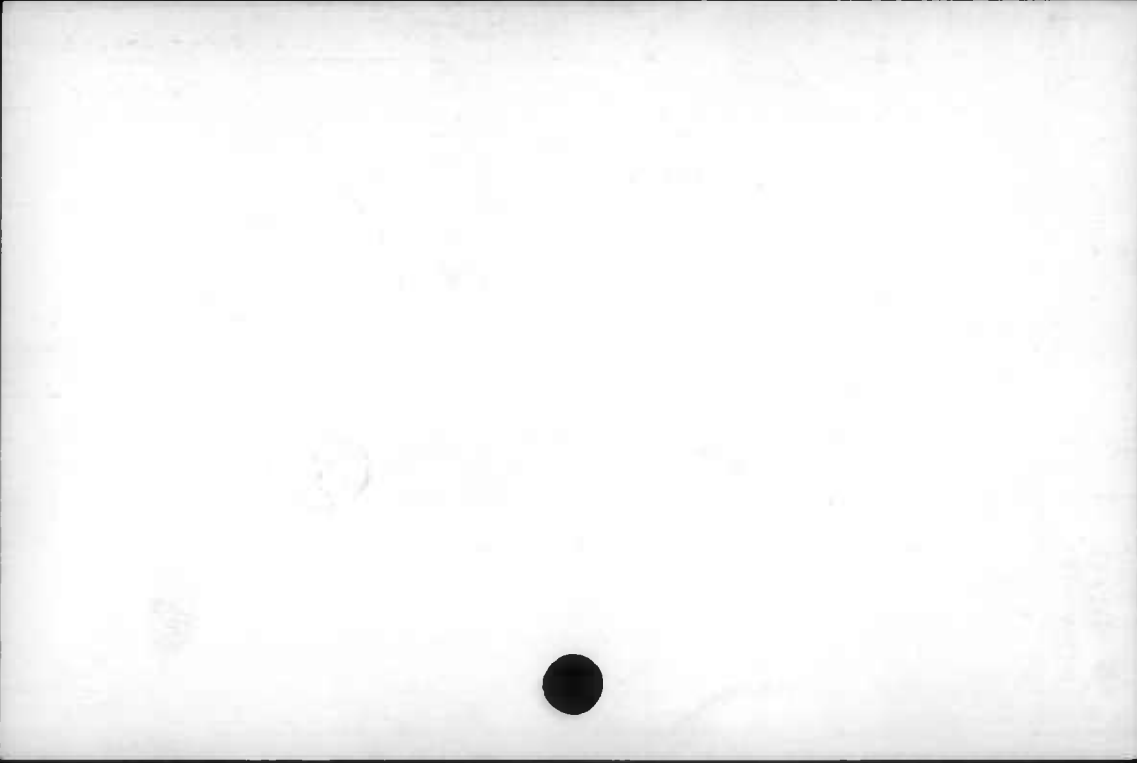
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lower Marlboro		County Calvert		MARYLAND	
Date of death		Month 19010	Day March	Age 23	Years 19	Months 0	Days
Sex Female		Color or Race colored		Birth- place Calvert Co.			
Occupation House-wife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Joseph Sanders					
Father's Name Edward Gross		Father's Birthplace Calvert Co.					
Mother's Maiden Name Maggie Smith		Mother's Birthplace " "					
Name of person giving Information Joseph Sanders		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	9 days
Immediate	Empyema	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. H. Thuman	
		Address Calvert Co Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Edward Scott Town Cheapeake Beach County Calvert MARYLAND

Died at Cheapeake Beach Date of death 1960 Month March Day 7 Age 35 Years Months Days

Sex Male Color or Race White Birth place Prine, Fredericktown, Md.

Occupation Farmer Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Nora Scott

Father's Name John Scott Father's Birthplace Unknown

Mother's Maiden Name Lillian Betters Mother's Birthplace Unknown

Name of person giving Information Nora Scott How related to deceased Wife

CAUSES OF DEATH

10

Primary Lagrippe How long 2 weeks

Immediate Dyspnea How long 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Talbot Address Willow, Md.

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Willow* Town *Calvert* County
Date of death *1960* Month *March* Day *14* Age *—* Months *1* Days *10*

Sex *Female* Color or Race *White* Birth-place *Willow Md.*

Occupation *None* Where Residing if not at place of death

~~Married~~ Single *Single* Name of Wife or Husband *None*

Father's Name *John Ward* Father's Birthplace *Panama Md.*

Mother's Maiden Name *Rinda Wood* Mother's Birthplace *Bairstown Md.*

Names of person giving Information *John Ward* How related to deceased *Father*

CAUSES OF DEATH

Primary *Broncho Pneumonia* How long *1 day*
Immediate *Dyspnea* How long *5 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

W. H. Talbot
Willow, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

